-		• <u>-</u> .							
s	DISTRIBUTION	REQUEST FOR	ERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
Ţ	ILE		ND PORT OIL AND NATURAL GAS						
+	AND OFFICE OIL GAS								
	PRORATION OFFICE			]					
• L	Division of Atlantic Richfield Company								
Γ	Address								
1	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain) Effective 5-1-79						
	New We!l	Oil Dry Gas Casinghead Gas X Condensat							
l: a	change of ownership give name nd address of previous owner								
II. I	ESCRIPTION OF WELL AND L	Went No. Poor trainey met	State, Federal or	Fee Fee					
	Seven Rivers Queen Uni	t 2 Eunice Seven Riv	vers On So.						
	Unit Letter <u>B</u> ; 660	Feet From The <u>North</u> Line c	and <u>1980</u> Feet From The						
	Line of Section 27 Town	nship 22S Range 3	86Е , NMPM, Lea	Count7					
<b>III</b> .	Name of Authorized Transporter of Off		Address (Give address to which approved P. O. Box 1510, Midland	mar 70701					
	Texas New Mexico Pipel Nope of Authorized Transporter of Cast Philips Petroleum Co. Warren Petroleum Corp.		P. O. Box 1510. Midland Address (Give address to which approved A001 Penbrook, Odessa, P. O. Box 1509, Tulsa, Is gas actually connected?	$\frac{1}{1}$ $\frac{1}{2}$ $\frac{1}$					
	If well produces oil or liquids,	T 34 22 36	Yes	PL 5-1-79, PP 3-16-74 Warren 3-25-60					
***	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g		663-R-4671 Dug Back Same Res'v. Diff. Res'v.					
1 V .	Designate Type of Completio	n - (X)		 					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top On/Gus Pay							
	Perforations			Depth Casing Shoe					
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT					
	HOLE SIZE	CASING & TUBING SIZE							
	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil ar	nd must be equal to or exceed top allow					
v	OIL WELL Date First New Oil Run To Tanks	able for this dep Date of Test	Producing Method (Flow, pump, gas lift,						
		Tubing Pressure	Casing Pressure	Choke Size					
	Length of Test	Oll - Bbls.	Water-Bbls.	Gas-MCF					
	Actual Prod. During Test								
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
	I. CERTIFICATE OF COMPLIAN		OIL CONSERVA						
V	I. CERTIFICATE OF COMPLETENCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED JUN 201						
			BY Orig. Sagatust by Jerry Sexton						
			TITLE Dist 1, Sup						
	n D Stim	tellard	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo						
		gnatule) ech. Spec.							
		Title)	able on new and recompleted world						
	·	22-79 (Date)	Fill out only Sections 1, 1 well name or number, or transpor Secondate Forms C-104 mus	I. III, and VI for change of conditions of the such change of conditions of the such change of the such chan					
			completed wells.						

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Fill out ell name or	only Se	or tren	1, 11, sporte	r, 01	other	suc	ch cha	nge o	fc	ondi
Separate	Forms	C-104	must	be	filed	for	each	pool	in	mul
ompleted we	118.									

## RECEIVED

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JUN2 2 1979 OIL CONSERVATION COMM. HOBBS. N. M.